| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |  |                                   |              |                                      |            | ORD               | Application or Docket Number |                  |              |                        |
|--|--|---|--|-----------------------------------|--------------|--------------------------------------|------------|-------------------|------------------------------|------------------|--------------|------------------------|
|  | ·  | CLAIMS                                    | AS FILED -<br>(Colum                       |                                   |              | (Column 2)                           |            | SMALL ENTITY TYPE |                              | OR               | OTHER THAN   |                        |
| U.S  | S. NATIONAL                                    | STAGE FEES                                | 1.9  | 12                                |              |                                      |            | RATE              | FEE                          |                  | RATE         | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                                 | = \$ <sub>.</sub> 150             | LAR          | GE ENT. = \$ 300                     |            | BASIC FEE         |                              | OR               | BASIC FEE    | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$ 50             |                                   |              | ther situations = 100 / \$ 200       |            | EXAM. FEE         |                              | 1                | EXAM. FEE    | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                         |              | ther situations =<br>\$ 250 / \$ 500 |            | SEARCH FEE        |                              |                  | SEARCH FEE   | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | mini                                       | us 100 =                          |              | /50=                                 |            | X \$ 125 =        |                              |                  | X \$ 250 =   |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | /3 9 mir                                   | nus 20 =                          | •            |                                      |            | X \$ 25 =         |                              | OR               | X \$ 50 =    |                        |
| INDEPENDENT CLAIMS   |  |   | 400m                                       | inus 3 =                          | •            | 1                                    |            | X \$ 100 =        |                              | OR               | X \$ 200 =   | 200                    |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                                      | N                                 |              |                                      |            | + \$ 180 =        |                              | OR               | + \$ 360 =   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                   |              | olumn 2                              |            | TOTAL             |                              | OR               | TOTAL        | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |  |   |  |                                   |              | · <b>г</b>                           | SMALL E    |                   | OR<br>ı ì                    | OTHER<br>SMALL E |              |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |  | PREVIO<br>PAID                    | BER<br>BUSLY | PRESENT<br>EXTRA                     |            | RATE              | ADDI-<br>TIONAL<br>FEE       |                  | RATE         | ADDI-<br>TIONAL<br>FEE |
|  | Total  | 20  | Min <b>us</b>                              | 2                                 | 0            | <b>=</b> <i>O</i>                    |            | X \$ 25 =         |                              | OR               | X \$ 50 =    |                        |
|  | Independent                                    | . 4                                       | Min <b>us</b>                              | 4                                 | _            | - 0                                  |            | X \$ 100 =        |                              | OR               | X \$ 200 =   |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                      | $\cdot $   | +\$180=           |                              | OR               | + \$ 360 =   |                        |
|  |  |   |  |                                   |              |                                      |            | FEE               |                              | OR               | TOTAL ADDIT. |                        |
|  |  | (Column 1)                                |  | •                                 |              | /                                    | <u>/</u> . | ٧                 |                              |                  |              |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGHE<br>NUME<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                     |            | RATE              | ADDI-<br>TIONAL<br>FEE       |                  | RATE         | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                      | 44                                |              | =                                    |            | X \$ 25 =         |                              | OR               | X \$ 50 =    |                        |
|  | Independent                                    | •   | Minus                                      | ***                               |              | =                                    |            | X \$ 100 =        |                              | OR               | X \$ 200 =   |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                      | Γ          | + \$.180 =        |                              | OR               | + \$ 360 =   | ·                      |
|  |  | 7   | OTAL ADDIT.<br>FEE                         |                                   | OR           | TOTAL ADDIT.<br>FEE                  |            |                   |                              |                  |              |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Pald For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |              |                                      |            |                   |                              |                  |              |                        |